

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
03-37

2. STATE:
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY '04 \$28.79
b. FFY '05 \$37.90

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 40-40d
Att. 3.1-B, pp. 39-39d

Att 4.19-B pp. 31-31a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 3.1-A, pp. 40-40c
Att. 3.1-B, pp. 39-39c

Att 4.19-B pp 31-31a

10. SUBJECT OF AMENDMENT:

Dental Services

11. GOVERNOR'S REVIEW (Check One):

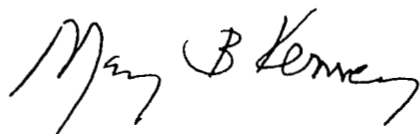
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Stephanie Schwartz
Federal Relations Unit
Minnesota Department of Human Services
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

December 12, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/16/03

18. DATE APPROVED:

5/14/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

10. Dental services.

Services and procedures requiring prior authorization are published in the *State Register*.

A. Coverage of dental services is limited to medically necessary services within the scope of practice of a dentist, with examples listed below.

- Oral hygiene instruction
- Reline or rebase of a removable denture
- Fluoride treatment
- Full mouth or panoramic x-ray
- Full mouth debridement
- Fillings
- Oral evaluation
- Prophylaxis
- Bitewing series
- Palliative treatment
- Sealant application
- Removable partial and full dentures
- Root canal treatment
- Inpatient hospitalization for dental services, subject to utilization review procedures
- Surgical services and extractions
- Periodontal scaling and root planing, if:
 - a) evidence of bone loss must be present on current radiographs to support the diagnosis of periodontitis;
 - b) there is a current periodontal charting with six point and mobility noted, including the presence of pathology and periodontal prognosis;

10. Dental services. (continued)

- c) the pocket depths must be greater than four millimeters; and
- d) classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.
- Orthodontic treatment, if:
 - a) there is a disfigurement of the patient's face, including protrusion of upper or lower jaws or teeth;
 - b) there is spacing between adjacent teeth that interferes with the biting function;
 - c) there is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites;
 - d) positioning of jaws or teeth impairs chewing or biting function; or
 - e) based on a comparable assessment of a) through d), there is an overall orthodontic problem that interferes with the biting function.
- Space maintainers
- Crowns, if made of prefabricated stainless steel, prefabricated resin, or laboratory resin. An exception applies for a crown fitted in conjunction with a fixed bridge or a dental implant.
- Dental implants, if:
 - a) there is bone and tooth loss that compromises chewing or breathing; and
 - b) a complete treatment plan, including prosthesis and all related services, is approved before the start of treatment.
- Removal of impacted teeth
- Fixed bridges

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ATTACHMENT 3.1-A
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10. Dental services. (continued)

- Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every three years per recipient, unless the prosthesis:

- a) was misplaced, stolen, or damaged due to circumstances beyond the recipient's control; or
- b) cannot be modified or altered to meet the recipient's dental needs.

A cast metal removable prosthesis is covered if:

- a) the crown to root ratio is better than 1:1;
- b) the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and
- c) the abutment teeth do not have large restorations or stainless steel crowns.

B. Coverage of dental services for adults age 21 and over who are not pregnant is subject to a \$500 annual benefit limit, except for:

- emergency services;
- dentures (fixed and removable), and extractions related to dentures;
- facility fees such as those submitted by a hospital or a freestanding ambulatory surgical center;
- ancillary services such as anesthesia; and
- medical or surgical services performed by dentists.

10. Dental services. (continued)

C. The following dental services are not eligible for payment:

- Pulp caps
- Local anesthetic that is used in conjunction with a surgical procedure and billed as a separate procedure
- Hygiene aids, including toothbrushes
- Medication dispensed by a dentist that a recipient is able to obtain from a pharmacy
- Acid etch for a restoration that is billed as a separate procedure
- Prosthesis cleaning
- Removable unilateral partial denture that is a one-piece cast metal including clasps and teeth
- Replacement of a denture when a reline or rebase would correct the problem
- Duplicate x-rays;
- Fixed partial denture or fixed bridge, unless it is medically necessary and cost-effective for a recipient who cannot use a removable prostheses
- Gold restoration, inlay or onlay, including cast nonprecious and semiprecious metals
- Dental services for cosmetic or aesthetic purposes

D. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. There are ~~two~~ four types of critical access dental providers:

- 1) those whose combined claim and estimated encounter claim payments for all Minnesota Health Care Programs (Medical Assistance, General Assistance Medical Care and MinnesotaCare) were at least \$50,000 for service dates of April 1, 2000 through March 31, 2001, ~~or~~
- 2) those providing dental services in counties for which dental services are carved out of managed care and are paid fee-for-service. These providers must increase the number of recipient visits by at least 10 percent over the last three-month quarter for which complete data on the number of recipient visits exists.

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ATTACHMENT 3.1-A

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10. Dental services. (continued)

- 3) those who apply to the Department to participate and whose past or projected volume of dental services is at least 100 percent greater than the volume of dental services provided by other dental providers in their health care trade area. "Volume" means the total value of all dental services provided to Minnesota Health Care Programs consumers and is calculated using the Department's payment rate schedule.
- 4) those providing dental services in an area in which a community foundation that is not a health care provider or a related entity makes funds available to increase reimbursement to dental providers in order to expand access to Minnesota Health Care Programs

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10. Dental services. (continued)

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10. Dental services. (continued)

- 3) those who apply to the Department to participate and whose past or projected volume of dental services is at least 100 percent greater than the volume of dental services provided by other dental providers in their health care trade area. "Volume" means the total value of all dental services provided to Minnesota Health Care Programs consumers and is calculated using the Department's payment rate schedule.
- 4) those providing dental services in an area in which a community foundation that is not a health care provider or a related entity makes funds available to increase reimbursement to dental providers in order to expand access to Minnesota Health Care Programs

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10. Dental services.

Payment is the lower of:

- (1) submitted charge; or
- (2) (a) 91.6% of the 50th percentile of the charges submitted by all dental service providers in the calendar year specified in legislation governing maximum payment rates. Effective July 1, 1997, this is increased by five percent, effective January 1, 1999, by three percent, and effective January 1, 2000, by three percent; or
(b) State agency established rate.

The agency has established rates for the following services:

Procedure Code	5/14/93	7/1/97	7/1/98	1/1/00
D5211	\$294.50	\$309.22	\$318.49	\$328.04
D5212	\$342.00	\$359.10	\$369.87	\$380.96

Procedure Code	6/1/94	7/1/97	7/1/98	1/1/00
D5510	\$71.94	\$75.53	\$77.79	\$80.12
D5520	\$70.57	\$74.09	\$76.31	\$78.59
D5610	\$71.94	\$75.53	\$77.79	\$80.12
D5620	\$105.37	\$110.63	\$113.94	\$117.35
D5630	\$84.51	\$88.73	\$91.39	\$94.13
D5640	\$70.57	\$74.09	\$76.31	\$78.59
D5650	\$110.21	\$115.72	\$119.19	\$122.76
D5660	\$84.51	\$88.73	\$91.39	\$94.13

Payment to critical access dental providers will be increased by 40 percent above the payment rate that would otherwise be paid. Critical access dental providers include public and private dental providers. The State agency established rate is the same for both public and private dental providers.

10. Dental services. (continued)

- **X-ray services** are paid according to the dental services methodology listed above. Effective January 1, 2002, payment for x-ray services provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

- **Diagnostic examinations** are paid according to the dental services methodology listed above. Effective January 1, 2002, payment for diagnostic examinations provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

- **Tooth sealants and fluoride treatments** are paid at the lower of:

- (1) submitted charge; or
- (2) 80% of the median charges submitted in 1997.

Effective January 1, 2000, the rate is increased by three percent.

- **Medical and surgical services** (as defined by the Department) furnished by dentists are paid using the same methodology as item 5.a., Physicians' services.